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AMENDMENT TRANSMITTAL LETTER				Docket No. M4065.0900/P900																																											
Application No. 10/822,785-Conf. #3196		Filing Date April 13, 2004		Examiner E. J. Wendler																																											
Art Unit 2824																																															
Applicant(s): Ramin Ghodsi																																															
Invention: MULTI-CELL RESISTIVE MEMORY ARRAY ARCHITECTURE WITH SELECT TRANSISTOR																																															
<p align="center">TO THE COMMISSIONER FOR PATENTS</p> <p>Transmitted herewith is an Amendment Under 37 CFR 1.312 in the above-identified application. The fee has been calculated as shown below.</p> <table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>22</td><td>- 22 =</td><td>0</td><td>x</td><td>0</td></tr><tr><td>Independent Claims</td><td>9</td><td>- 9 =</td><td>0</td><td>x</td><td>0</td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td>0</td></tr><tr><td colspan="5">Other fee (please specify):</td><td>0</td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td>0</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input checked="" type="checkbox"/> No additional fee is required for this Amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p> <p align="right">Dated: <u>September 28, 2006</u></p> <p>_____ Thomas J. D'Amico Attorney/Agent Reg. No.: 28,371</p> <p>DICKSTEIN SHAPIRO LLP 1825 Eye Street, NW Washington, DC 20006-5403 (202) 420-2232</p>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	22	- 22 =	0	x	0	Independent Claims	9	- 9 =	0	x	0	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					0	Other fee (please specify):					0	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0
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